



**TRANSMITTAL
FORM**

Express Mail Mailing Label No.: EV59643885US

TRANSMITTAL FORM	Application Serial Number	10/007,031
	Filing Date	November 8, 2001
	First Named Inventor	Blouin
	Group Art Unit	1743
	Examiner Name	Lyle A. Alexander
	Attorney Docket No.	INL-032

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Copy of Power of Attorney By Assignee of Entire Interest/Revocation of Prior Powers and New Power of Attorney (1 pg.) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below)</i>
<input checked="" type="checkbox"/> Amendment/Response (10 pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]		
<input type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copy of Form PTO-1449 (1 pg.) <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Kirkpatrick & Lockhart Nicholson
 Graham LLP
 75 State Street
 Boston, MA 02109-1808
 Tel. No.: (617) 261-3100
 Fax No.: (617) 261-3175

SIGNATURE BLOCK

Respectfully submitted,

Ronda P. Moore, D.V.M.
 Ronda P. Moore, D.V.M.
 Attorney for the Applicants
 Kirkpatrick & Lockhart Nicholson
 Graham LLP
 75 State Street
 Boston, MA 02109-1808